

FILED JUL 29 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 802

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph,

Inside Limits

Yes ☒ No ☐

c. CITY

St. Joseph 0117

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

St. Joseph Hosp. 5hrs

Length of stay in 1b

d. STREET

6416 Grant

(If outside, give location) 0

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Dennis

Middle

Arthur

Last

Butcher

4. DATE

Month

Day

Year

OF

DEATH

July 4, 1957

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☒WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

July 4, 1957

9. AGE (In years last birthday)

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

bo

10b. KIND OF BUSINESS OR INDUSTRY

no

11. BIRTHPLACE (City and state or country)

St. Joseph Mo

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Donald Butcher

13b. MOTHER'S MAIDEN NAME

Jerru Norris

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Address

Donald Butcher St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atelectasis

INTERVAL BETWEEN ONSET AND DEATH

5 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Prematurity

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

7625

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 4, 1957 to July 4, 1957 and last saw her alive on July 4, 1957

Death occurred at 12:30 PM

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

301 Illinois Ave
St. Joseph, Missouri

22c. DATE SIGNED

7-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

7/6/57

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

St. Joseph, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

July 16, 1957

26. REGISTRAR'S SIGNATURE

Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

Birth Certificate No. II76

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3980

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.